## **Application Data Sheet**

#### **Application Information**

Application Type::

Regular

Subject Matter::

Utility

Suggested Group Art Unit::

2876

Suggested Classification::

235/379

Title::

CASH DISPENSING AUTOMATED BANKING

MACHINE DEPOSIT ACCEPTING SYSTEM AND

**METHOD** 

Attorney Docket Number::

D-1218 R10

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

70

Total Drawing Sheets::

68

Small Entity::

No

Petition included?::

No

Secrecy Order in Parent Appl.?:: No

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Sean

Middle Name::

Family Name:: Haney

Name Suffix::

City of Residence:: North Canton

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 5426 Chianti Street NW

City of mailing address:: North Canton

State or Province of mailing address:: OH

Country of mailing address:: US

**Inventor Authority Type::** 

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Jeffery

Middle Name::

M.

Family Name::

**Enright** 

Name Suffix::

City of Residence::

Akron

State or Province Of Residence:: OH

Country of Residence::

US

Street of mailing address::

4496 Rex Lake Drive

City of mailing address::

Akron

State or Province of mailing address::

OH

Country of mailing address::

US

Postal or Zip Code of mailing address::

Inventor Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Jeffrey

Middle Name::

Family Name::

Eastman

Name Suffix::

City of Residence::

North Canton

State or Province Of Residence:: OH

Country of Residence::

US

Street of mailing address::

2152 Mohler Drive NW

City of mailing address::

North Canton

State or Province of mailing address::

OH

Country of mailing address::

US

Postal or Zip Code of mailing address::

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Franklin

Middle Name:: M.

Family Name:: Theriault

Name Suffix::

City of Residence:: Canton

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 4503 Northview Avenue NW

City of mailing address:: Canton

State or Province of mailing address:: OH

Country of mailing address:: US

Postal or Zip Code of mailing address:: 44709

Page # 5 Initial 03/08/04

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: R.

Middle Name:: Matthew

Family Name:: Dunlap

Name Suffix::

City of Residence:: North Canton

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 1319 Elmwood Avenue SW

City of mailing address:: North Canton

State or Province of mailing address:: OH

Country of mailing address:: US

Postal or Zip Code of mailing address:: 44720

Page # 6

Inventor Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

William

Middle Name::

D.

Family Name::

**Beskitt** 

Name Suffix::

City of Residence::

Canton

State or Province Of Residence:: OH

Country of Residence::

US

Street of mailing address::

4817 Meadowlane Drive

City of mailing address::

Canton

State or Province of mailing address::

 $\mathsf{OH}$ 

Country of mailing address::

US

Postal or Zip Code of mailing address::

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Colin

Middle Name::

Family Name:: Fitzpatrick

Name Suffix::

City of Residence:: Smithville

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 389 N. Summit St.

City of mailing address:: Smithville

State or Province of mailing address:: OH

Country of mailing address:: US

Postal or Zip Code of mailing address:: 44677

Page #8

Inventor Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Edward

Middle Name::

1

Family Name::

Laskowski

Name Suffix::

City of Residence::

Seven Hills

State or Province Of Residence:: OH

Country of Residence::

LIS

Street of mailing address::

6154 Winchester Drive

City of mailing address::

Seven Hills

State or Province of mailing address::

OH

Country of mailing address::

US

Postal or Zip Code of mailing address::

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Mike

Middle Name::

Family Name:: Ryan

Name Suffix::

City of Residence:: Canton

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 1403 44th Street NE

City of mailing address:: Canton

State or Province of mailing address:: OH

Country of mailing address:: US

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Bill

Middle Name::

Family Name:: Lavelle

Name Suffix::

City of Residence:: Massillon

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 3255 Broadhaven Avenue NW

City of mailing address:: Massillon

State or Province of mailing address:: OH

Country of mailing address:: US

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name::

Family Name:: Schultz

Name Suffix::

City of Residence:: Massillon

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 7453 Quail Hollow NW, Apartment B16

City of mailing address:: Massillon

State or Province of mailing address:: OH

Country of mailing address:: US

Inventor Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Matthew

Middle Name::

Family Name::

Force

Name Suffix::

City of Residence::

Uniontown

State or Prov. Of Residence::

OH

Country of Residence::

US

Street of mailing address::

2624 Country Squire

City of mailing address::

Uniontown

State or Province of mailing address::

OH

Country of mailing address::

US

Postal or Zip Code of mailing address::

## **Correspondence Information**

Correspondence Customer Number:: 28995

4

## **Representative Information**

Representative Customer Number::	28995

## **Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	An application claiming the benefit	60/453,397	03/10/2003
	under 35 USC 119(e)		

#### **Assignee Information**

Assignee Name:: Diebold Self-Service Systems

Division of Diebold, Incorporated

City of mailing address:: North Canton

State or Province of mailing address:: OH